Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Information								
For cale	ndar plan year 2013 or	fiscal plan year beginning 01/01/2013	3	and ending 1	12/31/2013					
A This	return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan					
B This	return/report is:	the first return/report	the final return/report		_					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	am			
		special extension (enter descriptio								
Part I	Basic Plan Inf	ormation—enter all requested informa	·							
	ne of plan	ormation—chief all requested informs	duon		1b	Three-digit				
	OOLS & SPAS, INC. R	ETIREMENT PLAN				plan number				
						(PN) •	001			
					1c	Effective date o	•			
30 Dis-					OI-	01/01				
PEQUA F	OOLS & SPAS, INC.	address; include room or suite number (el	mployer, if for a single-	employer plan)	2D	Employer Identi (EIN) 11-31	fication Number 55681			
					20	Sponsor's telephone number				
4150 MFI	RRICK ROAD #F					516-799				
	EQUA, NY 11758				2d	Business code ((see instructions)			
						23890				
3a Plai	administrator's name	and address 🏻 Same as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN			
					20	A -l				
					30	Administrator's	telephone number			
		he plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN				
		umber from the last return/report.			4c PN					
	nsor's name	ts at the beginning of the plan year			+	PIN T				
_		. ,			5a		2			
		ts at the end of the plan year			5b		1			
		n account balances as of the end of the p	• '	-	5c		1			
6a w	ere all of the plan's asse	ets during the plan year invested in eligibl	e assets? (See instruc	tions.)			X Yes No			
		of the annual examination and report of a					— — — — — — — — — — — — — — — — — — —			
		6? (See instructions on waiver eligibility a					X Yes No			
		either line 6a or line 6b, the plan canno			_		1 Nat data			
C II ti	e pian is a defined beni	efit plan, is it covered under the PBGC in	surance program (see	ERISA Section 4021)?		Yes INO	Not determined			
Caution	: A penalty for the late	e or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.				
		other penalties set forth in the instructions								
	chedule MB completed is true, correct, and cor	and signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and			
, , ,				1						
SIGN HERE	Filed with authorize	d/valid electronic signature.								
TILKE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator			
SIGN										
HERE		loyer/plan sponsor	Date	Enter name of individ	ual si	gning as employe	er or plan sponsor			
Prepare	's name (including firm	name, if applicable) and address; include	e room or suite numbe	r (optional)	Pre	oarer's telephone	number (optional)			

Form 5500-SF 2013 Page **2**

Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a	Total plan assets	7a	38534				36061			1
	Total plan liabilities	7b		0			0)
С	Net plan assets (subtract line 7b from line 7a)	7c	38534	18					36061	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)	1254	5						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		_						
	Other income (loss)	8b	939	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							21938	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37122	5						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							37122	5
i	Net income (loss) (subtract line 8h from line 8c)	8i						-;	349287	7
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:	
	2A 2E									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	ne instruc	tions:		
Par	Part V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			V				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
	· · · · · · · · · · · · · · · · · · ·					X				
	, ,			10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla					X				
				10f		X				
9				10g		^				
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
ī	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	i i									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
_11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1					
h	Enter the minimum required contribution for this plan year					12b				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

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Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Fermi store of

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information	dance with the inst	ructions to the Form 55	00-SF.	<u> </u>		
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	1.	2/31/2013		
A This return/report is for: x a single-employer plan				7		
B This return/report is:	a multiple-employer plan (not multiemployer) a one-participant plan the final return/report					
an amended return/report	·	·· turn/report (less than 12 r				
C Check box if filing under: x Form 5558	automatic extension		nontas) F	7		
☐ special extension (enter description			L	□ DFVC progra	ım	
	7					
Part II Basic Plan Information — enter all requested information —	mation	· · · · · · · · · · · · · · · · · · ·	1 41-		 	
·				Three-digit plan number		
Pequa Pools & Spas, Inc. Retirement Plan				(PN) ►	001	
				Effective date of	f plan	
2a Plan sponsor's name and address; include room or suite number (e	mployer, if for a sing	e employer plan)		01/01/2001	fication Number	
Pequa Pools & Spas, Inc.	•	r - 2 py		(EIN) 11-31!		
				Sponsor's telept		
4150 Merrick Road #F				(516) 799-0		
US Massapequa NY 11758			2d E	3usiness code (see instructions)	
3a Plan administrator's name and address X Same as Plan Sponso	r Nama C Come on	Dian Constant		238900		
Sportso	i name [_] Same as	Plan Sponsor Address	3D /	Administrator's E	EIN	
			-			
			3C A	\dministrator's t	elephone number	
If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/report filed	for this plan, enter the	4b E	in		
a Sponsor's name			4c P	'n		
5a Total number of participants at the beginning of the plan year		*************************	5a		2	
b Total number of participants at the end of the plan year		AA >>++++===============================	5b		1	
Number of participants with account balances as of the end of the plant complete this item)	an year (defined ben	efit plans do not	5c		1	
Sa Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions \		L	x Yes □ No	
b Are you claiming a waiver of the annual examination and report of ar	independent qualific	ed public accountant (IOP	 'A')	44 pap + ma 4 h# 444 are	E les ∐N∪	
under 29 GFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)				X Yes No	
If you answered "No" to either line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use F	orm 65i	nn		
c If the plan is a defined benefit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?]Yes 🔲 No	Not determined	
Caution: A penalty for the late or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is es	tablished.		
Under penalties of perjury and other penalties set forth in the instructions	I declare that I have	examined this return from			ble, a Scheduie	
SB or Schedule MS completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.	Il as the electronic ve	rsion of this return/report,	and to t	the best of my k	knowledge and	
sign COLDS						
HERE Signature of plan administrator	Date 1-1-(1/1	Chris Kowalski	 -			
	Date 10/6/14	Enter name of individual	signing	as plan admini:	strator	
SIGN HERE Signature of employer/plan sponsor	Sect of Call	Chris Kowalski				
Preparer's name (including firm name, if applicable) and address; include	Date/0/6/14	Enter name of individual				
and address, middle	room or suite numbe	er (optional)	Prepare	r's telephone no	umber (optional)	
					}	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Form 5500-SF (2013) v.130118

Pa	rt III Financial Information										
<u>7</u>	Plan Assets and Liabilities	r	.]:		(b) End	of Year					
a	Total plan assets	7a 385.					36,061				
b	Total plan liabilities	7b		0	:			0			
	Net plan assets (subtract line 7b from line 7a)	7c	385,3	48	:			36,061			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:			(b) T	otal			
а	Contributions received or receivable from: (1) Employers										
		Participants8a(2)									
	(3) Others (including rollovers)	8a(3)			#-						
	Other income (loss)										
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		:	1:			21,938			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	371,2	25							
	Certain deemed and/or corrective distributions (see instructions)	8e			<u> </u>						
	Administrative service providers (salaries, fees, commissions)	8f			4-						
	Other expenses	8g			<u> </u>		<u> </u>				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1			371,225			
	Net income (loss) (subtract line 8h from line 8c)	8i			+			(349,287)			
	Transfers to (from) the plan (see instructions)	8 j			<u> - </u>		-·····				
		-1			-						
Ja	If the plan provides pension benefits, enter the applicable pension fer 2A 2E	ature code	es from the List of Plan Charact	eristic	Code	es in th	e instructio	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	ristic (Codes	in the	instruction	us:			
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correct	tion Program)	10a		ж					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		ж					
С	Was the plan covered by a fidelity bond?			10c		x					
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond	d, that was caused by fraud	10d		ж	·				
е 	insurance service, or other organization that provides some or all or instructions.)	f the bene	fits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the plan'	?	*****************	10f		ж					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	id.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	see instruc	tions and 29 CFR	10h	İ	x	<u>-</u>				
i	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10i							
Par	t VI Pension Funding Compliance										
11											
11a	Enter the unpaid minimum required contribution for current year from	m Schedul	le SB (Form 5500) line 39	********		11a					
12	Is this a defined contribution plan subject to the minimum funding re						RISA?	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			5561		_ (1	319/71: 140				
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized	d in this plan year, see instruction	ons, a	and en		date of the	e letter ruling			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
	Enter the minimum required contribution for this plan year			*4****		12b					

	Fo	rm 5500-SF 2013 Page 3 -						
С	Enter	he amount contributed by the employer to the plan for this plan year	. 12c	<u> </u>				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)	. 12d					
е		e minimum funding amount reported on line 12d be met by the funding deadline?	_	Yes No N/A				
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?	. 🗆 Y	Yes X No				
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year	. 13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control	ontrol Yes X No				
С		ig this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to					
	13c(1) N	ame of plan(s):	3c(2) EIN	(s)	13c(3) PN(s)			

Part	VIII	Trust Information (optional)						
14a :	Name o	f trust	14b 1	rust's El	N			